



October 3, 2017

I am writing in STRONG support of HB 273-anti-MOC.

I would be in Columbus on 10/11 to testify but I will be out of town at a medical CME course to maintain my NCMP credentials-to be listed as a menopause/hormone expert. I just returned from Denver from a 4 day course to maintain my CCD credentials in order to continue to interpret bone densities and learn about the latest in research advances. All these meetings, of course, take time away from taking care of patients which is a physician's first priority although I truly enjoy participating in Continuing Medical Educational (CME) events that are appropriate to my practice. I have always exceeded the CME hours required to maintain my Ohio Medical License.

I am personally "grand-mothered in" to by Board Certification by the ABIM-American Board of Internal Medicine. I was so glad that I made this deadline being the LAST group to pass Board Certification that was 'life-long.'

I love learning. I love to attend medical courses and I love to teach and lecture. I even love taking tests, I was a 4.0 top of my class AOA medical student. I was licensed to practice medicine in Ohio at age 24 and was notified by FLEX test that I indeed had scored the highest test in the state of Ohio. I passed the ABIM at the 99% percentile. I had a perfect score on the NCMP menopause credential test.

I am a good test taker but more importantly I am avid learner like most physicians. I am a highly respected physician in the state and in the nation and a full Professor at our CCLCM at CWRU proving my commitment to education and excellence.

I have established one of the first interdisciplinary women's health fellowships in the country and have mentored hundreds of medical students, residents and fellows; HOWEVER, I can tell you the best test takers are not always the best physicians and furthermore, much of what is required for these "board certification tests" are an exercise in memorization and are not practical or applicable to later practice. Test taking for test taking sake has its limits as does spending time and money on needless 'credits' when all physicians already participate in self-selected CME. Furthermore, specialties and practices evolve and what I needed to know to practice to the top of my license and the top of my field has evolved and much is expected of physicians in terms of continuing education beyond even MOC. Linking MOC to MOL is simply vile and it takes time away from activities that truly benefit a practice. Self-selected physician CME remains industry standard for medical state licensure.

I can emphatically state that the Ponzi scheme of MOC does NOT improve patient care, does NOT improve safety, does NOT improve access and does NOT improve professional satisfaction and does NOT mean one is a better physician. There is NO data to support MOC. This is JUST ABOUT THE MONEY and the money that physicians have to spend (which lines the pockets of

those that will testify against this bill) simply increases the cost of care and reduces access to care and reduces the desirability of practicing in a State where MOC can be used as a club against an individual physician. It is disgusting that from 1990-2007 over 77 million dollars of physician test fees were secretly used to fund the ABIM foundation.

I personally am not affected by MOC as I am certified by ABIM for life; however, most of my colleagues and trainees are. Most are too busy and too overwhelmed with regulatory nonsense to even reach out to a legislator. I have 3 smart sons and I have specifically and sadly discouraged them from entering clinical medicine because of the ever increasing regulatory burden.

MOC is corrupt, it is hugely expensive and many of the organizational leaders are financially benefiting from this.

I was recently told what happened in neighboring Michigan re: MOC legislation. No surprise there are the usual players, in terms of opposition of anti-MOC, but the last round of testimony, some ridiculous things went down, eg the American Board of Pediatrics and ABMS sending a mother of a chronically ill child to testify "on behalf of parents" on how MOC saves lives. Never, of course, disclosing she was with the group that hugely financially benefits off this Ponzi scheme. So please be prepared for ridiculousness and please ask about people's financial conflicts of interest. TWO BILLION dollars have been generated to these ABMS Boards.

When I contacted Rep Gavarone's office I was told that our state OSMA (Ohio State Medical Association) had not yet weighed in. I was VERY surprised by this as I am an elected 5th district Councilor covering 7 counties in Ohio and members as well as OSMA passed resolutions are anti-MOC.

Bottom line, there's a lot of money at stake here and dirty play is to be expected. Please do the right thing as this legislation will benefit physicians and most importantly patients. I sure hope the great state Ohio will be the first Midwest state to pass anti-MOC, Right to Care legislation.

Sincerely and with NO financial conflicts of interest,

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